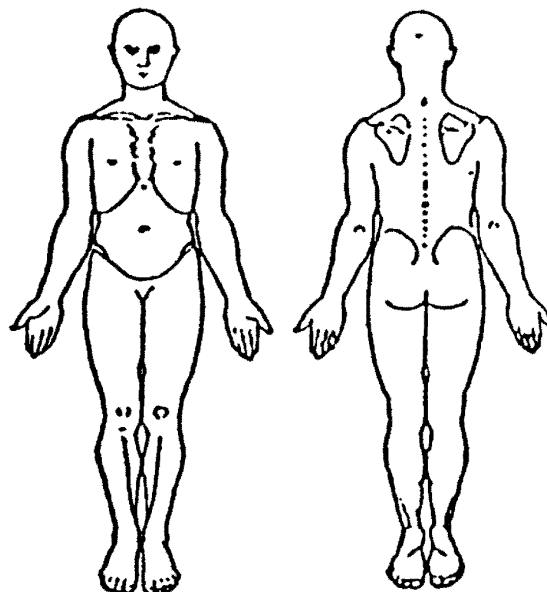




# THE MCKENZIE INSTITUTE LUMBAR SPINE ASSESSMENT

Date \_\_\_\_\_  
Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Referral: GP / Orth / Self / Other \_\_\_\_\_  
Work demands \_\_\_\_\_  
Leisure activities \_\_\_\_\_  
Functional limitation for present episode \_\_\_\_\_



Outcome / Screening score \_\_\_\_\_  
NPRS (0-10) \_\_\_\_\_

Present symptoms \_\_\_\_\_  
Present since \_\_\_\_\_ improving / unchanging / worsening  
Commenced as a result of \_\_\_\_\_ no apparent reason

Symptoms at onset: back / thigh / leg \_\_\_\_\_

Constant symptoms: back / thigh / leg \_\_\_\_\_ Intermittent symptoms: back / thigh / leg \_\_\_\_\_

Worse                      bending                      sitting / rising                      standing                      walking                      lying  
am / as the day progresses / pm                      when still / on the move  
other \_\_\_\_\_

Better                      bending                      sitting                      standing                      walking                      lying  
am / as the day progresses / pm                      when still / on the move  
other \_\_\_\_\_

Disturbed sleep                      yes / no                      Sleeping postures: prone / sup / side R / L                      Surface: \_\_\_\_\_

Previous spinal history \_\_\_\_\_

Previous treatments \_\_\_\_\_

## SPECIFIC QUESTIONS

Cough / sneeze / strain                      Bladder / Bowel: normal / abnormal                      Gait: normal / abnormal

Medications: \_\_\_\_\_

General Health / Comorbidities: \_\_\_\_\_

Recent / relevant surgery: yes / no \_\_\_\_\_

History of cancer: yes / no \_\_\_\_\_ Unexplained weight loss: yes / no \_\_\_\_\_

History of trauma: yes / no \_\_\_\_\_ Imaging: yes / no \_\_\_\_\_

Patient goals / expectations: \_\_\_\_\_

## EXAMINATION

### POSTURAL OBSERVATION

Sitting: *lordotic / neutral / kyphotic*

Change of posture: *better / worse / no effect* \_\_\_\_\_

Standing: *lordotic / neutral / kyphotic*

Lateral shift: *right / left / nil*

Shift relevant: *yes / no*

Other observations / functional baselines: \_\_\_\_\_

### NEUROLOGICAL

Motor deficit \_\_\_\_\_ Reflexes \_\_\_\_\_

Sensory deficit \_\_\_\_\_ Neurodynamic tests \_\_\_\_\_

MOVEMENT LOSS	Maj	Mod	Min	Nil	Symptoms
Flexion					
Extension					
Side gliding R					
Side gliding L					
Other					

**TEST MOVEMENTS** Describe effect on present pain – **During:** produces, abolishes, increases, decreases, no effect, centralising, peripheralising. **After:** better, worse, no better, no worse, no effect, centralised, peripheralised.

Symptomatic response		Mechanical response	
During testing	After testing	Effect - ↑ or ↓ ROM or key functional test	No effect
<b>Pretest symptoms standing</b> _____			
FIS _____			
Rep FIS _____			
EIS _____			
Rep EIS _____			
<b>Pretest symptoms lying</b> _____			
FIL _____			
Rep FIL _____			
EIL _____			
Rep EIL _____			
<b>Pretest symptoms</b> _____			
SGIS - R _____			
Rep SGIS - R _____			
SGIS - L _____			
Rep SGIS - L _____			
Other movements _____			

### STATIC TESTS

Sitting slouched / erect / lying prone in extension / long sitting \_\_\_\_\_

**OTHER TESTS** \_\_\_\_\_

### PROVISIONAL CLASSIFICATION

**Derangement** Central or symmetrical Unilateral or asymmetrical above knee Unilateral or asymmetrical below knee

Directional Preference: \_\_\_\_\_

**Dysfunction:** Direction \_\_\_\_\_ **Postural** **OTHER** subgroup: \_\_\_\_\_

**POTENTIAL DRIVERS OF PAIN AND / OR DISABILITY** Comorbidities Cognitive - Emotional Contextual

Descriptions: \_\_\_\_\_

### PRINCIPLES OF MANAGEMENT

Education \_\_\_\_\_

Exercise type \_\_\_\_\_ Frequency \_\_\_\_\_

Other exercises / interventions \_\_\_\_\_

Management goals \_\_\_\_\_

Signature \_\_\_\_\_